



Texas Department of Insurance

Division of Workers' Compensation

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Memorandum

To: Workers' Compensation System Participants

From: Patricia Gilbert, Executive Deputy Commissioner for Operations

Date: March 7, 2012

Subject: DWC Form-047, *Employee's Request for Advance of Benefits*, and DWC Form-053, *Employee Request to Change Treating Doctor*

Texas Department of Insurance, Division of Workers' Compensation (TDI-DWC) has revised the DWC Form-047, *Employee's Request for Advance of Benefits*, and the DWC Form-053, *Employee Request to Change Treating Doctor*.

The DWC Form-047 is for an injured employee to request an advance of his/her workers' compensation income benefits. The DWC Form-053 is for an injured employee who is not part of a certified workers' compensation health care network, and whose claim does not involve medical benefits provided through a political subdivision pursuant to §504.053(b)(2) of the Texas Labor Code, to request a change of treating doctor.

Workers' compensation system participants should use the revised DWC Form-047 or DWC Form-053 on and after March 7, 2012. Previous versions of the form will no longer be accepted after June 1, 2012.

The forms should be submitted to the TDI-DWC by fax to 512-804-4378 or mail to the Texas Department of Insurance, Division of Workers' Compensation, 7551 Metro Center Drive, Suite 100, MS-94, Austin, Texas 78744-1645.

The DWC Form-047 and DWC Form-053 are available in English and Spanish for download from the TDI website at <http://www.tdi.texas.gov/forms/form20.html>.

If you have questions regarding the DWC Form-047 or DWC Form-053, contact the TDI-DWC by calling 1-800-252-7031.